



### Library Membership Application Form

Name (Rev / Br / Sr / Mr / Mrs / Ms):

\_\_\_\_\_

*(please underline your surname)*

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Postal address (with postal code):

\_\_\_\_\_  
\_\_\_\_\_

**I accept the terms and conditions governing the use of the CTIS Library and shall abide by them.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Membership card received: \_\_\_\_\_

.....

*for staff* - The \$20 membership fee has been collected.

Membership number: \_\_\_\_\_

Receipt: \_\_\_\_\_

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_